IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 075953 PIN# ~~4760 97 97 84~~ 4770071705 DATE 9/18/98

OWNER OR CONTRACTOR William Tucker PHONE: Business _____ Home 528-0535

ADDRESS 115 Prairie Ln. Cleveland, NC 27013

LOCATION Shinnville Rd past Winthrow, TL Prairie Ln

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA Acreage SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: 1000 Gallons; ~~Existing~~ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~350~~ 270 Linear Feet 1050

No Lines 4 at 90" Trench Width 36" Max Trench Bottom Depth 24-36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Addition Gravity-Conventional

Repair System Description: Modified

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home [X] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 1½ No. Employees _____

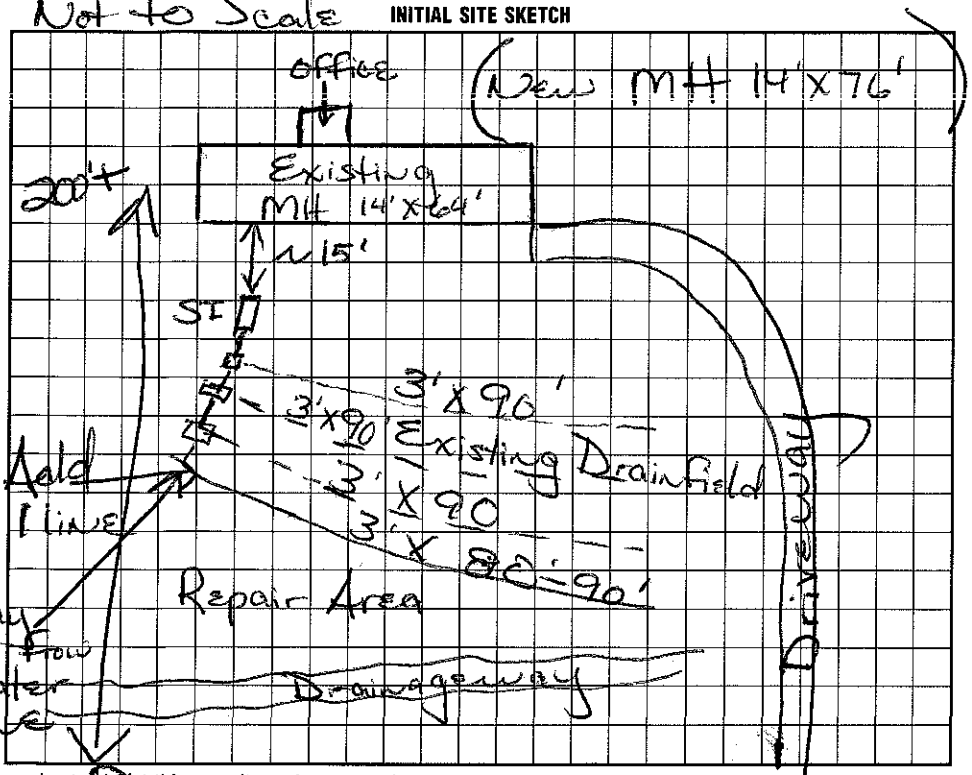
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual Shared [ ] Public [ ] Community

Comments:/Conditions: Existing System appears to be functioning okay at time of inspection, No problems Noticed.

Comments:/Conditions: Upgrading home from 2-Bedroom to 3-Bedroom, Needs to add 1-80'x3' Drain line with D-Box.

Not to Scale **INITIAL SITE SKETCH**



AS BUILT SKETCH

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: X William E Tucker date _____ Installed by: Curt Dunning

Improvement Permit by: Maria H Watson date 9/18/98 Operation Permit by: Wesley Parks RS date 10/2/98

Authorization to Construct by: Maria H Watson date 9/18/98 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD